

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011118

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 113

Primary Registration District No. 5030-4785

Registrar's No. 12

STATE FILE NUMBER

FILED APR 2 1963

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Clair, Mo.</u>				Length of stay in 1b -- <u>1</u> --		c. CITY OR TOWN <u>St. Clair, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>St. Clair, Mo. R#1</u>	
3. NAME OF DECEASED (Type or print) First <u>HUGH</u> Middle <u>PAUL</u> Last <u>JASCHKE</u>				4. DATE OF DEATH Month <u>March</u> Day <u>29</u> Year <u>1963</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan. 25, 1912</u>	
9. AGE (last birthday) <u>51</u>		10. IF UNDER 1 YEAR Months <u>51</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>General Work</u>			
13a. FATHER'S NAME <u>Joseph F. Jaschke</u>				13b. MOTHER'S MAIDEN NAME <u>Marie Mc Shone</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>				16. SOCIAL SECURITY NO. <u>[REDACTED]</u>			
17. INFORMANT Address <u>Vicent Jaschke, R#2 Box 732</u>				18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary atherosclerosis</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>None</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>0</u> a.m. <u>0</u> p.m.		Month, Day, Year <u>6-18-63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>St. Clair, Mo.</u>		COUNTY <u>Franklin</u>		STATE <u>Mo.</u>	
21. I attended the deceased from <u>6-18-63</u> to <u>3-23-63</u> and last saw him alive on <u>3/23/63</u> Death occurred at <u>Home</u> on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <u>Ralph Lopp, Jr., M.D.</u>			
22b. ADDRESS <u>3700 Washington St. Rm 818</u>				22c. DATE SIGNED <u>3/29/63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Apr. 1, 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Peter Catholic Cem. Kirkwood, Mo.</u>		23d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Sherwood W. Kitchell, St. Clair, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>3/30/63</u> 26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 17 1963

MAY 8 1963

JUN 7 1963

AUG 13 1963

AUG 20 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Sherwood W. Kitchell*

Licensed Embalmer No.

3873

P. O. Address

*St. Clair, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.